



MEILLEUR ACCES AUX SOINS DE SANTE/BETTER ACCESS TO HEALTH CARE

Statut M.A.SANTE du 17-04-2006
 Declaration N°001078/RDA/JO6/BAPP
 contribuable: M090600046814N

Address : Yaounde, BiyemAssi Lac, face Wisdom Academic Complex
 P.O.Box: 33.490 Yaounde Cameroon
 Tel: (+237) 222 311 647; 681 376118; 694 283602
 E-mail: cmassante@gmail.com; Site web: www.masante-cm.org

Date of the survey (DD/MM/YYYY) _____ Code _____ Vaccination round First round [] Second round []

Health area _____ Village _____ Cluster N° _____ Household N° _____

Respondent: [] Father [] Mother [] If other, specify.....verbal consent [] Yes [] No

GRID FOR DATA COLLECTION ON VACCINATION COVERAGE

		1	2	3	4	5	6	7	8	9	10
Age in years											
Sex	Female = 0 ; Male = 1										
First dose taken ?	No=0 ; Yes=1										
Second dose taken ?	No=0 ; Yes=1										
First and second doses received ?	No=0 ; Yes=1										
Vaccination card	No=0 ; Yes=1										
Vaccinated with labelling	No=0 ; Yes=1										
Reason (s) for non-vaccination (Write down proposition(s) given in the column on the right)	a- I was not informed on the campaign; b- I was not informed on vaccination schedules; c- I was not informed on vaccination dates/time in my village; d- I was not informed that i was a target; e- I was absent ; f- I am afraid of vaccine; g- I do not believe on the fact that										



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	vaccine can protect me ; h- I am not sure to be at risk of cholera ; i- I do not need vaccine to be protected ; j- I did not receive a vaccination team ; k- Others (specify)_____										
Date of vaccination (DD/MM/YY)	First round										
Date of vaccination (DD/MM/YY)	Second round										
Do you/or did the person have any health problem?	No= 0 ; Yes=1										
Date of the onset of the problem (DD/MM/YY)											
If yest which were the symptoms? (Write down proposition(s) given in the column on the right)	a- Diarrhea ; b- Vomiting ; c- Nausea ; d- Abdominal pain ; e- Stomach gurgling f- Indigestion g- Buccal ulcers h- Dryness of the mouth i- Cough j- Sore throat k- Fever l- Poor/loss appetite m- Dizziness n- Fainting o- excess sweating Rash										



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	p- Itching q- Weakness r- Headache s- Insomnia t- Joint pain u- Other (specify)										
How was it treated?	a- I did nothing b- I consulted a traditional doctor c- I went to the hospital d- I bought drugs in the street e- Other (specify)										
How do you/or the person feel actually	1) Resolved 2) Improving but still continuing 3) Remains unresolved 4)Recovered but with sequelae 5) unknown 6) he is dead a-										

Name of the surveyor _____ Name of the supervisor _____